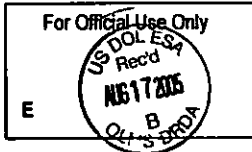


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



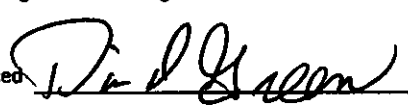
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <b>8727</b>	2 Fiscal Year Covered From  1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing  Name David Green  P O Box Bldg Room No if any  Street 205 Julia  City Allegan  State Michigan ZIP Code + 4 49010-1432	4 Name file number and address of labor organization  Name Teamsters Union Local #7  Labor Organization File Number 019-535  P O Box Building and Room Number if any  Street 3330 Miller Road  City Kalamazoo  State Michigan ZIP Code + 4 49001
5 Position in labor organization Business Representative	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any)  Name  Trade Name if any  P O Box Bldg Room No if any  Street  City  State ZIP Code + 4	7 a Nature of Interest, Transaction or Income          7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 08/11/2005	269-343-1269
	Date	Telephone Number

Name of Person Filing David Green	File Number U
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**B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested**

<p><b>8 Name and address of Business (including trade name if any)</b></p> <p>Name Blue Cross Blue Shield of Michigan</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 86 Monroe Center</p> <p>City Grand Rapids</p> <p>State Michigan ZIP Code + 4 49503</p>	<p><b>9 Business deals with</b></p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p><b>10 If 9 b or 9 c. is checked give trust or employer's name</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>11 a Nature of such dealing</b></p> <p>Game tickets given to a member</p> <p><b>11 b Approximate dollar value of such dealing</b> \$191</p> <p><b>12 a Nature of interest held or income received</b></p> <p><b>12 b Amount</b></p>

<p><b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b></p>	
<p><b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b></p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p><b>14 a Nature of payment</b></p>
<p><b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b></p>	<p><b>14 b Amount of payment</b></p>



The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

David Green

Signature

8-11-05

Date